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FACSIMILE COVER LETTER

Facsimile Number: 571-273-8300

To: Examiner C.C. CHOW
Group Art Unit 2618, USPTO

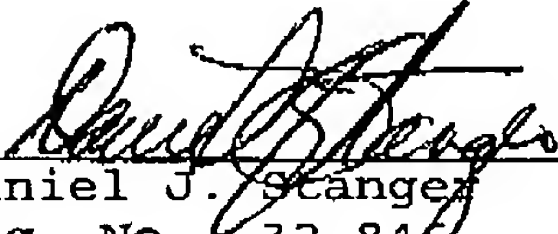
From: Mr. Daniel J. Stanger
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 10/617,797
Attorney Docket No.: 500.42943X00

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

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Daniel J. Stanger
Reg. No. 32,846

April 3, 2006

Date

Total Number of Pages (including cover sheet): 7

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Patent

In RE application of A. YAMAMOTO et al.

Case Docket No. 500.42943X00

Serial No.: 10/617,797

Group Art Unit: 2618

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Filed: July 14, 2003

APR - 3 2006

For: SIGNAL RECEIVING APPARATUS AND GAIN
CONTROL METHOD USING ANALOG CONTROL
AGC AND STEP CONTROL AGC

Examiner: C.C. CHOW

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

April 3, 2006

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)			(Col. 2)		(Col. 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Additional Fee		Rate	Additional Fee
Total	13	Minus	** 20	=	0	X 25	\$		X 50	\$
Indep.	3	Minus	*** 3	=	0	X 100	\$		X 200	\$
First presentation of Multiple Dependent Claims						X 180	\$		X 360	\$
						Total	\$	OR	Total	\$

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
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 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

Please charge my Deposit Account No. 50-1417 in the amount of \$_____.

☒ A Credit Card Payment Form in the amount of \$ 120.00 is attached.☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.

Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR 1.17.

Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Date: April 3, 2006